## DESI AVUIIUNIE CUPY

								1	Application or Docket Number				
PATENT APPLICATION FEE DETERMINATION RECO Effective October 1, 2000								09855533					
CLAIMS AS FILED - PART I								SMALL ENTITY			OTHER THAN		
Tro	OTAL CLAIMS	<del></del>	(Column	1)	(Column 2)			TYPE		OR	SMALL	ENTITY	
			8				R	RATE FEE			RATE	FEE	
FOR			NUMBER FILED		NUMBER EXTRA		BAS	BASIC FEE 355.00		OR	BASIC FEE	710.00	
TOTAL CHARGEABLE CLAIMS			minus 20=		<u>A</u>		×	X\$ 9=		OR	X\$18=		
INDEPENDENT CLAIMS			6 minus 3 =		3		×	40=		OR	X80=	240	
MU	ILTIPLE DEPEN	NDENT CLAIM PI	RESENT			1	+135=		OR	+270=			
* If the difference in column 1 is less than zero, enter "0"					"0" in c	olumn 2	TOTAL			OR	TOTAL	950	
CLAIMS AS AMENDED - PART II										•	OTHER	THAN	
	2/18/103	(Column 1)		(Colur		(Column 3)	SI	SMALL	ENTITY	OR	SMALL	ENTITY	
AMENDMENT A		REMAINING AFTER AMENDMENT		HIGH NUMI PREVIO PAID	BER	PRESENT EXTRA	R	ATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	· &	Minus	**	8	=	X	9=	/	OR	X\$18=	1	
	Independent	. 5	Minus	***	6.	=	X	<del>1</del> 0=		OR	X80=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							·	<del>  /                                   </del>	On		<del>                                     </del>	
•	•							35=		OR	+270=	• /	
								TOTAL T. FEE		OR	TOTAL ADDIT. FEE		
_		(Column 1) (Column 2) (Column 3) CLAIMS HIGHEST								_		J	
AMENDMENT B	·	REMAINING AFTER AMENDMENT		NUM PREVIO PAID	BER DUSLY	PRESENT EXTRA	R	ATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	•	Minus	** .		=	X	9=		OR	X\$18=		
	Independent	NTATION OF MI	Minus	***	CLAIM	= X40				OR	X80=		
			THE DEI	LINDLINI	- COAIN		+1	35=		OR	+270=		
•								OTAL I. FEE		OR	TOTAL ADDIT. FEE		
				•									
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUME PREVIO PAID I	BER DUSLY	PRESENT EXTRA	R/	TE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	•	Minus	**		8	XS	9=		OR	X\$18=	; /	
	Independent	•	Minus	***		=	-	0=					
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							<u>0=</u>		OR	X80=	· .	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.								35=		OR	+270=		
•• (	i the "Highest Nu	mber Previously Pa mber Previously Pa	id For IN THIS	S SPACE is	s less than	1 20, enter "20."	ADDIT	OTAL FEE		OR	TOTAL ADDIT. FEE		
•	The "Highest Num	ber Previously Pai	d For" (Total or	Independe	int) is the	highest number t	ound in	the ap	propriate box	t in cot	umn 1.		